## U.S. District Court for the Northern District Of Illinois Attorney Appearance Form

Case Title:		Case Number:					
An appearance is he	reby filed by the unders	igned as a	tto	rney for	:		
Attorney name (type	or print):						
Firm:							
Street address:							
City/State/Zip:							
Bar ID Number: Telephone Num (See item 3 in instructions)			Number:				
Email Address:							
Are you acting as lea	d counsel in this case?				Yes	No	
Are you acting as loc	al counsel in this case?				Yes	No	
Are you a member of the court's trial bar?					Yes	No	
If this case reaches trial, will you act as the trial attorney?				•	Yes	No	
If this is a criminal case, check your status.			Retained Counsel				
				•	Counsel d counse	l, are you	
		a	3	Federa	Defende	er	
		CJA Panel Attorney					
general bar or be granted I declare under penalty of	this Court an attorney must of leave to appear pro hac vice perjury that the foregoing is has the same force and effect	e as provided true and cor	d fo	or by local ct. Under 2	rules 83.1 28 U.S.C.§	2 through 83. 1746, this	
Executed on							
Attorney signature:	S/(Use electronic signature	if the appear	an	ce form is	filed electi	ronically.)	